

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043496

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1659

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 2 1963

1. PLACE OF DEATH

a. COUNTY

Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Greene

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Springfield,

Length of stay in 1b

50 years

c. CITY

OR  
TOWN

Springfield,

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Burge Protestant  
Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

920 Eagle

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

GEORGE

F.

ERDMAN

4. DATE  
OF  
DEATH

Month  
November

Day

25,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

March 29, 1906

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months Days Hours Min.

6 26

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY

Crank's Drug Co.

11. BIRTHPLACE (City and state or country)

Hannibal, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George F. Erdman

13b. MOTHER'S MAIDEN NAME

Anna Jurley

14. NAME OF HUSBAND OR WIFE

Ruby L. Erdman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes ☒ No ☐ W. War II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ruby L. Steele

Springfield, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN

ONSET AND DEATH

20 hrs.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-24-55, to 11-25-63 and last saw her alive on 11-25-63

Death occurred at 5 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1630 N. Jefferson, Spfg. Mo.

22c. DATE SIGNED

11-26-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

November 27, 1963

23c. NAME OF CEMETERY OR CREMATORY

Maple Park

23d. LOCATION (City, town, or county)

Springfield, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gorman-Scharpf Funeral Home, Inc.  
Springfield, Missouri

25. DATE RECD. BY LOCAL REG.

11-27-63

26. REGISTRAR'S SIGNATURE

Bernie Medley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1 0397  
2 0397  
3  
4 0  
5 1  
6  
7 0  
8 2  
9 1/201  
10  
11  
12 1-0  
13

DATE AMENDED

DEC 4 1963

DEC 6 1963

DEC 24 1963

11-25-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*L. Doolin Gorman*

Licensed Embalmer No. 3177

P. O. Address

*Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.